

POSITION	ID NO.	DATE
CLASSIFIER	48	12/11/96
EXAMINER	319	1-6-97
TYPIST	319	1-6-97
VERIFIER	319	1-6-97
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 ✓ ✓	11/29/96
2 ✓ ✓	11/29/96
3 ✓ ✓	11/29/96
4 ✓ ✓	11/29/96
5 ✓ ✓	11/29/96
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
R	Restricted
N	Non-allowable
I	Interference
A	Appeal
O	Objected

Claim	Date
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(LEFT INSIDE)